

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** RIDGESTONE VILLAGE LTD (310698)

**Address:** 1025 S SECOND ST, DELAVAN, WI 53115

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1999

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094813      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094402      **End Date:** 03/29/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008792    Served 04/02/2005

Deficiencies Cited  
50.065(6)(b)

Subject Area  
CREDENTIALLED CAREGIVERS

Compliance  
Verified  
04/30/2005

Corrected  
Yes

**Survey ID:** 0093379      **End Date:** 09/23/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0090691      **End Date:** 07/11/2003      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID: 0090567      End Date: 06/09/2003      Type: OTHER      Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10006804    Served 07/03/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)	ADMINISTRATOR RESPONSIBILITIES	07/11/2003	Yes
83.21(5)(a)	GRIEVANCE PROCEDURE	07/11/2003	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 04/26/2006

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

<b>Enforcement History</b>
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**Date: 04/01/2005      SOD #10008792      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

Complaint History
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**Date Complaint Received: 04/28/2003**

**Date Investigation Completed: 06/09/2003**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Date Complaint Received: 04/08/2003**

**Date Investigation Completed: 05/15/2003**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
10006804

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